| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br><br>**FY 2005**<br>*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)* | Docket Number (Optional)<br><br>PP016073.0021 (2300-16073.10) |
|---|---|
| Application Number: 10/643,853 | Filed: August 19, 2003 |

| For    HCV ANTIGEN: ANTIBODY COMBINATION ASSAY |
|---|

| Art Unit: 1648 | Examiner: Z. Lucas |
|---|---|

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | | Fee | Small Entity Fee | |
|---|---|---|---|---|
| ☐ | One month (37 CFR 1.17(a)(1)) | $120 | $60 | $ _____ |
| ☒ | Two months (37 CFR 1.17(a)(2)) | $450 | $225 | $ 450 _____ |
| ☐ | Three months (37 CFR 1.17(a)(3)) | $1020 | $510 | $ _____ |
| ☐ | Four months (37 CFR 1.17(a)(4)) | $1590 | $795 | $ _____ |
| ☐ | Five months (37 CFR 1.17(a)(5)) | $2160 | $1080 | $ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number ___18-1648_____.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
      Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number ___33,208_____

☐ attorney or agent under 37 CFR 1.34.
      Registration number if acting under 37 CFR 1.34 _____

| _____<br>Signature | 4/24/07<br>Date |
|---|---|
| Roberta L. Robins<br>Typed or printed name | (510) 923-8406<br>Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of ___1_____ forms are submitted.